

## COMPLAINT FOR CUSTODY INSTRUCTIONS FOR COMPLETING DOM REL 4

If there is no court order granting custody of a child, you may initiate a case to obtain custody of that child, filing either through an attorney or by yourself. DOM REL forms were developed to assist persons deciding to proceed alone, but you are urged to consider carefully the importance of getting an attorney to help you. Custody, if contested, is one of the most difficult types of cases and you should consider seriously using an attorney. **Use this form only if there is no previous custody order. See *General Instructions - Dictionary* for an explanation of custody.**

**There are 6 steps you must follow in order to proceed with the case yourself:**

### **> STEP 1 — Completion of Form DOM REL 4.**

#### **Page 1 of DOM REL 4:**

*Court:* Fill in the name of the County (or Baltimore City) where you intend to file your case. See *General Instructions*.

*Case No.:* **DO NOT** write anything where it says “Case No.” The Clerk of Court will fill in this blank and, at that time, you should make note of the number for future reference.

*Plaintiff:* Fill in your name, as “Plaintiff,” and your current address and telephone number.

*Defendant(s):* Fill in the other person’s name, as “Defendant No. 1,” **or**, if you are not a parent of the child(ren), fill in the name of one parent, as “Defendant No. 1,” and the **other parent**, as “Defendant No. 2.”

List the **current** address and telephone number for each defendant. If you do not have an address for a defendant and you have done everything you can to find the address, call the Legal Forms Helpline (1-800-818-9888) to see whether resources are available in your county to help you.

*Item 1:* Print your name in the space provided and state your relationship to the child(ren) by checking “mother” or “father” or naming your relationship in the blank.

List the child(ren)’s full name(s) and date(s) of birth.

*Item 2:* Fill in the name of Defendant No. 1 and state his/her relationship to the child(ren) by circling “mother” or “father” or naming the relationship in the blank. If there is a Defendant No. 2, circle “mother” or “father” as appropriate.

*Item 3:* Enter the full address where the children are currently living. Enter the name of the person with whom the child(ren) is(are) living at this time.

*Item 4:* List all other places the child(ren) have lived in the last 5 years. Include the time period, place lived, person with whom they lived and that person’s current address.

**Page 2 of DOM REL 4:**

*Item 5:* List all other cases in any court that have involved any of the child(ren). Attach the most recent court order for the listed cases.

*Item 6:* List all other cases you have participated in as a party, witness, or in any other way, that concern the custody or visitation of the same child(ren). Include the state in which the case took place, the court, case number, and the date of any child custody determination made in that case. Attach the most recent court order for the listed cases.

*Item 7:* List any person, not a party to this case, who has physical custody of the child(ren) or claims to have legal or physical custody or visitation rights with respect to the child(ren).

*Item 8:* Explain fully why you believe it would be best for the child(ren) to be in your custody.

**Page 2 and 3 of DOM REL 4:**

**FOR THESE REASONS:** Check off everything you want but **remember that the court need not give you what you asked for.**

*Visitation:* You can ask the court to allow the Defendant(s) unrestricted visitation with the child(ren) **or** to allow the Defendant(s) visitation on a certain schedule or with supervision **or** to deny visitation by the Defendant(s). You should have a good reason for asking to deny visitation, and the reason(s) should be stated after the word “because.”

*Health Insurance:* You can ask the court to order the parent(s)/other parent to include the child(ren) on his/her/their health insurance.

*Child Support:* You can ask the court to order the parent(s)/other parent to pay child support. If you want child support, you must complete a financial statement (DOM REL 30) and file it along with form DOM REL 4. See Step 6 below also.

*Other Requests:* If you wish the court to order anything else that relates to the child(ren), you should list it here.

*Complete the affirmation* at the bottom of page 3, then *date and sign form* DOM REL 4.

**> STEP 2 — Filing Forms and Paying Filing Fee.**

Take your completed form(s) to the Clerk of Court. Payment of a filing fee generally is required at this time. See ***General Instructions***. Make sure to note the case number assigned by the Clerk, as you will need the number as the case progresses.

**> STEP 3 — Service.**

You will need to have the other party(ies) properly served with a copy of all the papers you are filing **AND** with a Writ of Summons which is provided by the Civil Clerk of this Court. See ***General Instructions***.

**> STEP 4 — Request for Default if No Answer Filed.**

If a defendant is served:	The defendant should answer within:
in Maryland	30 days after service
in another state	60 days after service
in another country	90 days after service

If a defendant does not file an answer by the required time, file a Request for Order of Default (DOM REL 54).

**> STEP 5 — Request for Hearing or Proceeding.**

The Complaint for Custody alone will not get you into court. You **MUST** file a Request for Hearing or Proceeding (DOM REL 59), so that a court date will be set. See ***General Instructions***.

**> STEP 6 — Scheduling Conference, Hearing or Trial.**

See page 5 of ***General Instructions - What Happens in Court?***

If you have asked for child support/alimony, you must bring to the scheduling conference, hearing or trial, copies of any financial statements that you have completed (DOM REL 30 or 31) and copies of your last three paystubs or other income verification.

Custody is one of the most difficult types of cases. **IF CUSTODY IS CONTESTED, YOU SHOULD CONSULT AN ATTORNEY.**

Circuit Court for \_\_\_\_\_

City or County \_\_\_\_\_

### CIVIL-DOMESTIC CASE INFORMATION REPORT

**Directions:**

**Plaintiff:** This Information Report must be completed and attached to the complaint filed with the Clerk of Court unless your case is exempted from the requirement by the Chief Judge of the Court of Appeals pursuant to Rule 2-111. A copy must be included for each defendant to be served.

**Defendant:** You must file an Information Report as required by Rule 2-323(h).

**THIS INFORMATION REPORT CANNOT BE ACCEPTED AS AN ANSWER OR RESPONSE.**

FORM FILED BY: ☐ PLAINTIFF ☐ DEFENDANT CASE NUMBER: \_\_\_\_\_ (Clerk to insert)

CASE NAME: \_\_\_\_\_ v \_\_\_\_\_  
Plaintiff Defendant

PARTY'S NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_ (Daytime phone)

ADDRESS: \_\_\_\_\_

PARTY'S ATTORNEY'S NAME: \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

ATTORNEY'S ADDRESS: \_\_\_\_\_

☐ I am not represented by an attorney

RELATED CASE PENDING? ☐ Yes ☐ No If yes, Court and Case #(s), if known: \_\_\_\_\_

**Special Requirements?** ☐ Interpreter/communication impairment Which language \_\_\_\_\_  
(Attach Form 1-332 if Accommodation or Interpreter Needed) Which dialect \_\_\_\_\_

☐ ADA accommodation: \_\_\_\_\_

#### ALTERNATIVE DISPUTE RESOLUTION INFORMATION

Is this case appropriate for referral to an ADR process under Md. Rule 17-101? (Check all that apply)

- A. Mediation ☐ Yes ☐ No C. Settlement Conference ☐ Yes ☐ No  
B. Arbitration ☐ Yes ☐ No D. Neutral Evaluation ☐ Yes ☐ No

**IS THIS CASE CONTESTED?** ☐ Yes ☐ No If yes, which issues appear to be contested?

- ☐ Ground for divorce  
☐ Child Custody ☐ Visitation  
☐ Child Support  
☐ Alimony ☐ Permanent ☐ Rehabilitative  
☐ Use and possession of family home and property  
☐ Marital property issues involving:  
☐ Valuation of business ☐ Pensions ☐ Bank accounts/IRA's ☐ Real Property  
☐ Other: \_\_\_\_\_  
☐ Paternity  
☐ Adoption/termination of parental rights  
☐ Other: \_\_\_\_\_

Request is made for: ☐ Initial order ☐ Modification ☐ Contempt ☐ Absolute Divorce ☐ Limited Divorce

For non-custody/visitation issues, do you intend to request:

- ☐ Court-appointed expert (name field) \_\_\_\_\_ ☐ Mediation by a Court-sponsored settlement program  
☐ Initial conference with the Court ☐ Other: \_\_\_\_\_

For custody/visitation issues, do you intend to request:

- ☐ Mediation by a private mediator ☐ Appointment of counsel to represent child (not just to waive psychiatric privilege)  
☐ Evaluation by mental health professional ☐ A conference with the Court  
☐ Other Evaluation \_\_\_\_\_

Is there an allegation of physical or sexual abuse of party or child? ☐ Yes ☐ No

CASE NAME: \_\_\_\_\_ V \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
Plaintiff Defendant (Click to insert)

**TIME ESTIMATE FOR A MERITS HEARING:** \_\_\_\_\_ hours \_\_\_\_\_ days

**TIME ESTIMATE FOR HEARING OTHER THAN A MERITS HEARING:** \_\_\_\_\_ hours \_\_\_\_\_ days

\_\_\_\_\_  
Signature of Counsel/Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City/State/ZIP

**Circuit Court for** \_\_\_\_\_ **Case No.** \_\_\_\_\_  
City or County

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_  
City State Zip Code Area Code Telephone

***Plaintiff***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_  
City State Zip Code Area Code Telephone

***Defendant No. 1***

\_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address Apt. #

\_\_\_\_\_  
City State Zip Code Area Code Telephone

***Defendant No. 2***

**COMPLAINT FOR CUSTODY**  
(DOM REL 4)

I, \_\_\_\_\_, representing myself, state that:  
Your name

1. I am the ☐ mother ☐ father or \_\_\_\_\_  
Relationship (for example, aunt, grandfather, guardian, etc.)  
of the following minor child(ren):

_____ Name of Child	_____ Date of Birth	_____ Name of Child	_____ Date of Birth
_____ Name of Child	_____ Date of Birth	_____ Name of Child	_____ Date of Birth
_____ Name of Child	_____ Date of Birth	_____ Name of Child	_____ Date of Birth

2. \_\_\_\_\_ is the ☐ mother ☐ father or \_\_\_\_\_  
Defendant (check one) Relationship  
of the child(ren). Defendant No. 2 is the ☐ mother ☐ father of the child(ren).  
(check one)

3. The child(ren) live(s) at \_\_\_\_\_  
Address  
with \_\_\_\_\_  
Name of person

4. The child(ren) have lived in the following places, with the persons indicated during the last five years:

<u>Time Period</u>	<u>Place</u>	<u>Name(s)/Current Address of Person(s) with whom Child Lived</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. I know of the following cases concerning the child(ren) (such as domestic violence (protective order), paternity, divorce of the child(ren)'s parents, custody, visitation, termination of parental rights, adoption or other cases):

<u>Court</u>	<u>Case No.</u>	<u>Kind of Case</u>	<u>Year Filed</u>	<u>Results or Status (if you know)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Attach the most recent court order for the above-referenced court cases.

6. I have been a party, witness, or otherwise involved in the following cases about custody or visitation of the child(ren):

<u>State</u>	<u>Court</u>	<u>Case No.</u>	<u>Date of Child Custody Determination</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Attach the most recent court order for the above-referenced court cases.

7. I know of the following people, not parties to this case, who have physical custody of, or claim rights of legal custody or physical custody of, or visitation with the child(ren):

_____	_____
Name	Current Address
_____	_____
Name	Current Address
_____	_____
Name	Current Address

8. It is in the best interests of the child(ren) to be in my custody because: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**FOR THESE REASONS,** I request the court (check all that apply):

- ☐ Grant me ☐ sole ☐ joint physical custody of the child(ren).  
(check one)
- ☐ Grant me ☐ sole ☐ joint legal custody of the child(ren).  
(check one)
- ☐ Allow \_\_\_\_\_ to visit with the child(ren).  
Name(s)

- ☐ Allow \_\_\_\_\_ to visit with the child(ren) on  
Name(s)  
 the following terms: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Allow no visitation because \_\_\_\_\_  
 \_\_\_\_\_
- ☐ Order \_\_\_\_\_ to pay health insurance for child(ren).  
Name(s)
- ☐ Order \_\_\_\_\_ to pay child support (**attach Financial**  
Name(s)  
**Statement. Use Form Dom. Rel. 30 or Dom. Rel. 31).**
- ☐ (*State other requests relating to the children.*) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Order any other appropriate relief.

I, \_\_\_\_\_ solemnly affirm under the penalties of  
Your Name  
 perjury, that the contents of this document are true to the best of my knowledge,  
 information and belief.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature